

CMS/ID/NORC ID:		
PATIENT NAME:		PATIENT ID:
PROVIDER NAME:		
PROVIDER ID:		
OTHER PROVIDER NAME:		
EVENT TYPE:		# OF EVENTS:
WAVE:	BATCH:	REGION:
EVENT DATE: ____/____/____ (to ____/____/____)		

OF EVENTS IN BOOKLET ____
 FORM ____ OF ____

**MEDICAL EXPENDITURE PANEL SURVEY
 MEDICAL PROVIDER SURVEY
 MEDICAL EVENT FORM
 FOR
 SEPARATELY BILLING DOCTORS
 PANEL 1 - YEAR 1**

OFFICE USE ONLY	
Editor Initials:	Edit Date: / / 97
Retrieval/Clarification Need? (circle one)	YES NO
Retrieval/Clarification Complete? (circle one)	YES NO
Re-Edit Initials	Re-Edit Date: / / 97
CADE Initials:	CADE Date: / / 97
Verification Case? (circle one)	YES NO
Ver Initials:	Ver Date: / / 97

(HOSPITAL NAME) reported that (PATIENT NAME) received health care services from someone in this practice during (an outpatient visit/an emergency room visit/an inpatient stay) on (DATE).

1a. Was the visit on (DATE) covered by a **global fee**, that is, was it included in a charge that covered services on other dates as well? YES..... 1
NO 2 (Q2a)

[IF NECESSARY: *Examples would be a surgeon's fee covering surgery as well as pre- and post-operative care, or an obstetrician's fee covering normal delivery as well as pre- and post-natal care.*]

1b. What other dates of service were covered by this global fee? Please include dates before or after 1996 if they were included in the global fee.

MO DAY YR	MO DAY YR	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	<input type="checkbox"/> <input type="checkbox"/>
		OFFICE USE ONLY

1c. Do you expect (PATIENT NAME) will receive any future services that will be covered by this same global fee? YES..... 1
NO 2

1d. Did (PATIENT NAME) receive the services covered by this global fee in a: [CODE ALL THAT APPLY]

		<u>YES</u>	<u>NO</u>
Physician's Office;.....		1	2
Hospital as an Inpatient;.....		1	2
SPECIFY ADMIT & DISCHARGE DATES:			
a. Stay 1	___/___/___	to	___/___/___
b. Stay 2	___/___/___	to	___/___/___
Hospital Outpatient Department;.....		1	2
Hospital Emergency Room; or.....		1	2
Somewhere else? (SPECIFY:)	_____..	1	2

2a. I need the diagnoses for (this visit/these visits). I would prefer the ICD-9 codes (or the DSM-4 codes), if they are available.

[IF CODES ARE NOT USED, RECORD DESCRIPTIONS.]

DIAGNOSIS:

___ _____	___ _____	
___ _____	___ _____	<input type="checkbox"/> <input type="checkbox"/>
___ _____	___ _____	OFFICE USE ONLY

2b. Which of these was the principal diagnosis?

IF ONLY ONE DIAGNOSIS, GO TO Q3a.
IF MORE THAN ONE DIAGNOSIS:
 CHECK BOX FOR PRINCIPAL DIAGNOSIS
 CIRCLE '999.95' IF PRINCIPAL DIAGNOSIS IS NOT KNOWN.....999.95

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OFFICE USE ONLY

3a. I need the services provided during (this visit/these visits). I would prefer the CPT-4 codes, if they are available.

[IF CPT-4 CODES ARE NOT USED, RECORD DESCRIPTION OF SERVICES AND PROCEDURES PROVIDED.]

CPT-4 (including modifier)

Full established charge at time of visit or charge equivalent

- a. _____ \$_____.
- b. _____ \$_____.
- c. _____ \$_____.
- d. _____ \$_____.
- e. _____ \$_____.
- f. _____ \$_____.
- g. _____ \$_____.

3b. ASK FOR EACH CPT-4 CODE OR DESCRIPTION: What was the **full established charge** for this service, before any adjustments or discounts?

[EXPLAIN IF NECESSARY: *The **full established charge** is the charge maintained in the physician's billing system for billing insurance carriers and Medicare or Medicaid. It is the "list price" for the service, before consideration of any discounts or adjustments resulting from contractual arrangements or agreements with insurance plans.*]

[IF NO CHARGE: *Some practices that don't charge for each individual service do associate dollar amounts with services for purposes of budgeting or cost analysis. This is sometimes called a "**charge equivalent**." Could you give me the charge equivalents for these procedures?*]

4. [IF NOT VOLUNTEERED, ASK:] And what was the total? [IF NOT AVAILABLE, COMPUTE.]

TOTAL CHARGES \$_____.

5. Was the practice reimbursed for (this visit/these visits) on a fee-for-service basis or a capitated basis?

[EXPLAIN IF NECESSARY:] **Fee-for-service** means that the practice was reimbursed on the basis of the services provided.

Capitated basis means that the patient was enrolled in a prepaid managed care plan where reimbursement is not tied to specific visits.

FEE-FOR-SERVICE BASIS 1
CAPITATED BASIS 2 (Q9a)

[INTERVIEWER: IF IN DOUBT, CODE FEE-FOR-SERVICE.]

6. From what sources has the practice received payment for (this visit/these visits) and how much was paid by each source?

- a. Patient or patient's family \$_____.
- b. Medicare \$_____.
- c. Medicaid \$_____.
- d. Private Insurance \$_____.
- e. VA \$_____.
- f. CHAMPVA/CHAMPUS \$_____.
- g. OTHER (SPECIFY): _____ \$_____.

IF NAME OF INSURER, PROBE: And is that Medicare, Medicaid, or private insurance?

INTERVIEWER: IF RESPONSE IS THE PATIENT PAYS A MONTHLY PREMIUM, GO BACK TO Q5 AND CHANGE CODE TO 2 (CAPITATED BASIS).

TOTAL PAYMENTS \$_____.

7. [IF NOT VOLUNTEERED, ASK:] And what was the total? [IF NOT AVAILABLE, COMPUTE.]

OFFICE USE ONLY

BOX 1
DO TOTAL PAYMENTS EQUAL TOTAL CHARGES?
YES..... 1 (Q10)
NO..... 2 (Q8)

8. It appears that the total payments were (less than/more than) the total charges. What is the reason for that difference? [CODE 1 (YES) FOR ALL REASONS MENTIONED.]

PAYMENTS LESS THAN CHARGES: YES NO

Adjustment or discount

Medicare or Medicaid limit or adjustment	1	2
Contractual arrangement with insurer or managed care organization.....	1	2
Courtesy discount	1	2
Insurance write-off	1	2
Other (Specify:).....	1	2

Expecting additional payment

Patient or Patient's Family	1	2
Medicare.....	1	2
Medicaid.....	1	2
Private Insurance.....	1	2
VA	1	2
CHAMPVA/CHAMPUS.....	1	2
Other (Specify:).....	1	2

Charity care or sliding scale..... 1 2

Bad debt

PAYMENTS MORE THAN CHARGES:

Medicare or Medicaid Adjustment	1	2
Other (Specify:)	1	2

GO TO Q10

CAPITATED BASIS

<p>9a. What kind of insurance plan covered the patient for (this visit/these visits)? Was it:</p> <p style="text-align: center;">[CODE ALL THAT APPLY]</p>	<table border="0"> <tr> <td>Medicare;.....</td> <td>1</td> </tr> <tr> <td>Medicaid;.....</td> <td>2</td> </tr> <tr> <td>Private Insurance; or.....</td> <td>3</td> </tr> <tr> <td>Something else? (SPECIFY:).....</td> <td>4</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____</td> </tr> <tr> <td>VA/CHAMPVA/CHAMPUS.....</td> <td>5</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> <tr> <td>NO INSURANCE/NONE</td> <td>9</td> </tr> </table>	Medicare;.....	1	Medicaid;.....	2	Private Insurance; or.....	3	Something else? (SPECIFY:).....	4	_____		VA/CHAMPVA/CHAMPUS.....	5	DON'T KNOW	8	NO INSURANCE/NONE	9
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<p>9b. Was there a co-payment for (this visit/these visits)?</p>	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2 (Q9e)</td> </tr> </table>	YES	1	NO.....	2 (Q9e)												
YES	1																
NO.....	2 (Q9e)																
<p>9c. How much was the co-payment?</p>	<p>\$_____.</p>																
<p>9d. Who paid the co-payment?</p> <p style="text-align: center;">[CODE ALL THAT APPLY]</p>	<table border="0"> <tr> <td>PATIENT OR PATIENT'S FAMILY</td> <td>1</td> </tr> <tr> <td>MEDICARE</td> <td>2</td> </tr> <tr> <td>MEDICAID.....</td> <td>3</td> </tr> <tr> <td>PRIVATE INSURANCE</td> <td>4</td> </tr> <tr> <td>OTHER (SPECIFY:)</td> <td>5</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	PATIENT OR PATIENT'S FAMILY	1	MEDICARE	2	MEDICAID.....	3	PRIVATE INSURANCE	4	OTHER (SPECIFY:)	5	DON'T KNOW	8				
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<p>9e. Do your records show any other payments for (this visit/these visits)?</p>	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2 (Q10)</td> </tr> </table>	YES.....	1	NO.....	2 (Q10)												
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g. OTHER (SPECIFY):	\$_____.																

10. ARE ALL EVENTS REPORTED BY (HOSPITAL) FOR THIS PATIENT COVERED? YES, ALL EVENTS COVERED 1
 NO, NEED TO COVER ADDITIONAL EVENTS..... 2 (NEXT FORM FOR THIS PATIENT)

11a. GO TO NEXT PATIENT FOR THIS PROVIDER.

11b. IF NO MORE PATIENTS, THANK THE RESPONDENT AND END THE CALL.